

New Health Management Information System in Albania¹

Albania, like countries the world over, has kept track of medical events in registration books. The system works fairly well; it is still used in almost all resource-poor countries. A major problem with the system of registries is that it is extremely labor intensive

in making reports, analyzing diagnoses, and treatments and then providing feedback to the providers that originally recorded the data.

The picture on the left is from a current registry book being used in Albania. It records the clients for each day, the health professional that sees them, and the treatment received.

Over the past two decades, much of the world has moved to systems that are electronically managed; systems permitting quick summations, reporting, analysis, and provide the potential for useful feedback. In short, such systems make evidenced-based medicine achievable, even in resource-poor countries.

The ministry of health worked with a USAID funded project in Berat to establish an electronic system in four pilot health centers. It worked well and the MoH requested PRO Shëndetit to assist in rolling-out the system nation-wide.

At the base of the new health management information system (HMIS) is the encounter form, shown on the right. Each and every contact a health provider has with a client, from measles shots to treatments of hypertension and diabetes, is recorded on an encounter form.

ENCOUNTER FORM	Visit Date:
PCH Fidr. Doctor Nu	
Patient ID # Birthdate: Patient Name: PRIMARY REASON FOR VISIT: 1.	Sex: M F Insurance: Y N Married: Y N Home visit: Y N Referral: Y N
3. Emergency 4. Follow-up 5. Check-up 6. Other Family Planning: 7. Contraceptives 8. Advice only 10. 14 – 28 weeks 11. < <	9 1-st 2-nd 3-rd 2-nd

Standard international codes for diagnoses are used and reported in the blanks assigned to "diagnosis." It can also be seen in the lower right of the form that there is room for special codes. One example might be that the health center is having special community health campaigns and the particular client had come to the health center due to a campaign; it would be recorded so a measure of campaign effectiveness could be determined.

The MoH and PRO Shëndetit are convinced that the form should be simple to begin with. Once a system is established, the MoH can begin to make appropriate adjustments and grow a system to accommodate its needs. Currently, an estimated 52 per cent of all client contacts are taking place at health posts in PRO Shëndetit's five initial-focus prefectures.

¹ Reference this document as PRO Shendetit, "Two-pager: New Health Management Information System in Albania."

Although the percent of clients attended to by all nurses and midwives from their homes (included here as "health-posts") is not currently known, those operating from their homes do make up approximately 56 percent of the 979 health posts in the five initial-focus prefectures.



The picture on the left is of a nurse in Berat, at her home that serves as a health post. She had just brought her encounter forms to be checked to see if they were being filled correctly, when the program first began. Initially, the form needs to be something that can easily be filled any where the health system is operating.

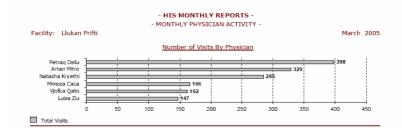
A lready MoH, Health Insurance Institute (HII), and PRO Shëndetit are looking for ways to make the form more useful. For example, once HII becomes the single-payer for primary health care and contracting with health centers takes place, there will be a need to assess performance and quality.

The head nurse of the health center collects the forms from all providers, including those at health posts and delivers them to the health information system regional office – a data entry and management office in each prefecture. The office is comprised of a system administrator and six or seven data entry persons. The computer system is bilingual with Albanian and English interfaces and reports. It is widely regarded as simple and user-friendly.

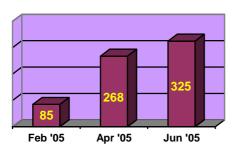
Feedback is crucial to the improvement of primary health care and is an area where the MoH and PRO Shëndetit will place considerable effort over the coming year. The simple, but comprehensive structure of the collected information allows for a large variety of reports

to be generated. On the right is a simple report showing the total number of clients met by five different physicians working in one health center in Berat during the month of March

The roll-out of the new HMIS began by including all service delivery points in the Berat



prefecture (268). This system was reporting by the end of April. Two pilot health centers and their associated health posts (57 service delivery points all together) were added, staffs trained, and were reporting by the end of June. The total numbers of service delivery points using the new HMIS are shown in the bar graph on the left. By the end of PRO Shëndetit's



annual reporting period (July), 121 physicians and 666 nurses and midwives had been trained to use the encounter forms. The MoH and PRO Shëndetit will continue the roll-out in the rest of the initial five prefectures during 2005, and will begin taking the system to other prefectures in 2006.